

Press Release

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SAFE Glen Cove Coalition: Collaborative Care Model for the Treatment of Opioid Use Disorder and Mental Illness

According to research being conducted by the National Institutes of Health (NIH) many people with opioid use disorder (OUD) also have mental illness. Yet, they often do not receive appropriate treatment for either condition. The real problem is getting people into treatment and keeping them there for a period of time to be determined by the professionals to insure a full recovery. That means relapse prevention, decreases in suicide, maintaining employment to mention a few.

Funded through the NIH Helping to End Addiction Long-term Initiative, or HEAL Initiative an internist and addiction specialist at Boston Medical Center, co-lead a study under the initiative's program for the development of new strategies to prevent and treat opioid addiction. In 2015-16, more than two million U.S. adults had an OUD, according to the National Survey on Drug Use and Health, 62% of them had a co-occurring mental illness, and 24% a serious mental illness. However, only 24% and 29.6% of them, respectively, reported receiving treatment for their conditions. Mental illness, often undiagnosed, increases the risk for OUD and can interfere with a person's ability to make health care decisions. Patients with a diagnosed mental health condition are more likely to get opioid prescriptions, despite their greater risk of addiction and overdose. Add to the mix other barriers to access proven treatments, such as the stigma that accompanies both conditions, and any patient may face a steep climb to recovery. One salient barrier to treatment is the scarcity of mental and behavioral health care providers. This is especially true in non-urban areas, many of which are particularly hard-hit by the opioid crisis.

Since primary care providers are more accessible, an important part of the answer could be to treat common mental health and substance use conditions as part of primary care. People needing treatment for OUD or a mental health condition often seek help from their primary care provider rather than an addiction or mental health specialist. But many primary care providers lack expertise in mental health treatment.

This research will explore how to use a well-known model of combining mental health and physical health care, called Collaborative Care, which has been shown to work for patients with mental illness

and other physical conditions, to give better care to those suffering from opioid use disorders and mental illness.

Collaborative Care is a specific service delivery model to treat mental and behavioral health conditions in primary care settings, where it adds two key services: care management support for patients receiving behavioral health treatment, and regular consultation with a psychiatric specialist for the primary care team, particularly regarding patients whose conditions are not improving. Collaborative Care works within this primary care setting. People seeking treatment do not need to get an appointment with a specialist in mental health conditions or addiction. Rather, a care manager within the primary care setting helps schedule and organize the patient's treatment from many providers, including specialists. In this way, Collaborative Care expands the network of providers able to help treat OUD and mental health conditions. It can also make care more economical and easier for people to access, particularly in rural areas.

Given its proven effectiveness for co-occurring mental and physical health conditions researchers want to know if it can do the same for people who have OUD in addition to a mental health condition—specifically, depression or post-traumatic stress disorder. The team, in collaboration with the University of New Mexico Health Sciences Center, is conducting this research at 11 rural and urban primary care clinics in New Mexico.

The study team plans to enroll 1,000 participants who will be randomly assigned to either Collaborative Care or their usual healthcare. Researchers will follow up with all participants by phone after three months and six months. They will be looking at whether participants start medication treatment for OUD, whether they stay on that medication continuously, and whether their PTSD or depression symptoms are getting better.

The NIH HEAL Initiative supports a wide range of programs to develop new or improved prevention and treatment strategies for opioid addiction, including several to test the effectiveness of Collaborative Care for co-occurring mental health conditions and OUD.

The National Institutes of Health (NIH) is the nation's medical research agency and includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled. "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org